CCL.035 Rev. 9/2003 **Kansas Department of Health and Environment** 

Bureau of Child Care and Health Facilities 1000 SW Jackson, Suite 200

Topeka, KS 66612-1274 Phone (785) 296-1270 Fax (785) 296-0803 Website: www.kdhe.state.ks.us/kidsnet/



## PARENTAL PERMISSION FORM FOR OFF-PREMISE TRIPS **GROUP OF CHILDREN TO ONE LOCATION**

Name of the facility exactly as stated of	on the lic	cense or certificate		License/Certificate #	
Street Address of the Facility		City	Zip Cod + 4	e County	
Children or Youth listed below may go	on an c	off-premise trip to:			
ocated at:Street					
Street		City		County	
on (MM/DD/YYYY)					
ime of Departure:		Estimated Time of	f Return:_		
Children or Youth will be traveling by:		Car	Wa	lking	
Children or Youth will be supervised at	t all time	es by the following staff:			
Staff NameFirst		Staff Name _			
First Staff Name	Last	Staff Name	First	Last	
Staff Name First	Last	Staff Name _	First	Last	
FIRST AND LAST NAME OF CHILD OR YOUTH		PARENT/GUARDIAN SI PERMISSION (Include F			
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